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| FORM PTO 1390 (REV 5-93) US DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE | | ATTORNEY DOCKET NUMBER 2006_1373A |
| TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A FILING UNDER 35 U.S.C. §371 | | U.S. APPLICATION NO. (if known, see 37 CFR 1.5) 10/593,460 |
| International Application No. PCT/EP2005/051244 | International Filing Date March 17, 2005 | Priority Date Claimed March 19, 2004 |
| Title of Invention 5-AMINO-4-HYDROXY-7-(1H-INDOLMETHYL)-8-METHYLNONAMIDE DERIVATIVES AS RENIN INHIBITORS FOR THE TREATMENT OF HYPERTENSION | | |
| Applicant(s) For DO/EO/US Peter HEROLD et al. | | |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information: | | |
| 1. <input type="checkbox"/> This is a FIRST submission of items concerning a filing under 35 U.S.C. §371. 2. <input checked="" type="checkbox"/> This is a SECOND or SUBSEQUENT submission of items concerning a filing under 35 U.S.C. §371. 3. <input type="checkbox"/> This express request to begin national examination procedures (35 U.S.C. §371(f)) at any time rather than delay examination until the expiration of the applicable time limit set in 35 U.S.C. §371(b) and PCT Articles 22 and 39(1). 4. <input type="checkbox"/> A proper Demand for International Preliminary Examination was made by the 19th month from the earliest claimed priority date. 5. <input type="checkbox"/> A copy of the International Application as filed (35 U.S.C. §371(c)(2)) a. <input type="checkbox"/> is transmitted herewith (required only if not transmitted by the International Bureau). b. <input type="checkbox"/> has been transmitted by the International Bureau. c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US) 6. <input type="checkbox"/> A translation of the International Application into English (35 U.S.C. §371(c)(2)). 7. <input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. §371(c)(3)). a. <input type="checkbox"/> are transmitted herewith (required only if not transmitted by the International Bureau). b. <input type="checkbox"/> have been transmitted by the International Bureau. c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired. d. <input type="checkbox"/> have not been made and will not be made. 8. <input type="checkbox"/> A translation of the amendments to the claims under PCT Article 19. 9. <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. §371(c)(4)). 10. <input type="checkbox"/> A translation of the annexes to the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. §371(c)(5)). | | |
| Items 11. to 14. below concern other document(s) or information included: | | |
| 11. <input type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98. 12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included. 13. <input checked="" type="checkbox"/> A FIRST preliminary amendment. <input type="checkbox"/> A SECOND or SUBSEQUENT preliminary amendment. 14. <input type="checkbox"/> Other items or information: | | |

THE COMMISSIONER IS AUTHORIZED
TO CHARGE ANY DEFICIENCY IN THE
FEE FOR THIS PAPER TO DEPOSIT
ACCOUNT NO. 23-0975.

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| U.S. APPLICATION NO. (if known, see 37 CFR 1.5) 10/593,460 | INTERNATIONAL APPLICATION NO. PCT/EP2005/051244 | ATTORNEY'S DOCKET NO. 2006_1373A | | |
| 15. <input type="checkbox"/> The following fees are submitted | | CALCULATIONS | | |
| Basic National Stage Fee \$300.00 National Stage Search Fee (International Search Report provided - 37 CFR 1.492(b)(2)) \$400.00 National Stage Examination Fee \$200.00 Specification/drawings in excess of 100 pages (units of 50 x \$250.00) = \$ ENTER APPROPRIATE BASIC FEE AMOUNT = | | PTO USE ONLY | | |
| Surcharge of \$130.00 for furnishing the oath or declaration later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(e)). | | \$ | | |
| Claims | Number Filed | Number Extra | Rate | |
| Total Claims | - 20 = | | X \$50.00 | \$ |
| Independent Claims | - 3 = | | X \$200.00 | \$ |
| Multiple dependent claim(s) (if applicable) | | + \$360.00 | | \$ |
| TOTAL OF ABOVE CALCULATIONS = | | \$ | | |
| <input type="checkbox"/> Small Entity Status is hereby asserted. Above fees are reduced by 1/2. | | \$ | | |
| SUBTOTAL = | | \$ | | |
| Processing fee of \$130.00 for furnishing the English translation later than <input type="checkbox"/> 20 <input type="checkbox"/> 30 months from the earliest claimed priority date (37 CFR 1.492(f)). | | + \$ | | |
| TOTAL NATIONAL FEE = | | \$ | | |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40 per property + | | \$ | | |
| TOTAL FEES ENCLOSED = | | \$ | | |
| | | Amount to be refunded | \$ | |
| | | Amount to be charged | \$ | |
| a. <input type="checkbox"/> A check in the amount of \$ to cover the above fees is enclosed. A duplicate copy of this form is enclosed. b. <input type="checkbox"/> Please charge my Deposit Account No. 23-0975 in the amount of \$ _____ to cover the above fees. A duplicate copy of this sheet is enclosed. c. <input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>23-0975</u> . | | | | |
| NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the application to pending status. | | | | |
| 19. CORRESPONDENCE ADDRESS | | By  Michael R. Davis, Registration No. 25,134 | | |
| CUSTOMER NO. 000513 | | WENDEROTH, LIND & PONACK, L.L.P. 2033 "K" Street, N.W., Suite 800 Washington, D.C. 20006-1021 Phone:(202) 721-8200 Fax:(202) 721-8250 December 18, 2006 | | |

[CHECK NO. _____]
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